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PTO/SB/22 (08-03)

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| | |
|-------------------------------------------------------------|--------------------------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | Docket Number (Optional) RCA88692 |
|-------------------------------------------------------------|--------------------------------------|

Customer No. 24498

| | |
|---------------------------------------------------|----------------------|
| In re Application of Darrell Wayne Randall et al. | |
| Application Number 09/445,135 | Filed March 13, 2000 |
| For SYSEM AND METHOD FOR SORTING PROGRAM GUIDE | |
| Art Unit 2623 | Examiner Usha Raman |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

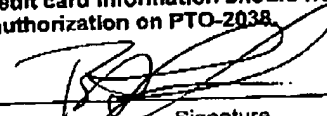
- ☐ One month (37 CFR 1.17(a)(1)) \$ _____
- ☐ Two months (37 CFR 1.17(a)(2)) \$ _____
- ☒ Three months (37 CFR 1.17(a)(3)) \$ 1.110
- ☐ Four months (37 CFR 1.17(a)(4)) \$ _____
- ☐ Five months (37 CFR 1.17(a)(5)) \$ _____

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.
 - ☐ A check in the amount of the fee is enclosed.
 - ☐ Payment by credit card. Form PTO-2038 is attached.
 - ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
 - ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-0832.
- I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71
- Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record. Registration Number L0027.
- ☐ attorney or agent under 37 CFR 1.34(a).
- Registration number if acting under 37 CFR 1.34(a): _____.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

3 FEB 2009
Date
(609) 734-6804
Telephone Number


Signature
Brian J. Cromarty
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEB 03 2009 10:25 FR THOMSON LICENSING 609 734 6888 TO 615 712 738300

P.03

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1650

Complete If Known

| | |
|----------------------|------------------------------|
| Application Number | 09/445,135 |
| Filing Date | March 13, 2000 |
| First Named Inventor | Darrell Wayne Randall et al. |
| Examiner Name | Usha Ramani |
| Art Unit | 2823 |
| Attorney Docket No. | RCA88882 |

METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER 24498

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____

☒ Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments

Under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | _____ |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | _____ |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | _____ |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | _____ |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

| Fee Description | Small Entity | Fee (\$) |
|------------------------------------------------------------------------|--------------|----------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |
| Multiple dependent claims | 370 | 185 |
| Total Claims | Extra Claims | Fee (\$) |
| _____ - 20 or HP = _____ | x _____ | = _____ |
| HP = highest number of total claims paid for, if greater than 20. | | |
| Indep. Claims | Extra Claims | Fee (\$) |
| _____ - 3 or HP = _____ | x _____ | = _____ |
| HP = highest number of independent claims paid for, if greater than 3. | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

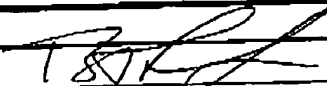
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|---------------------|--------------|--------------------------------------------------|----------|---------------|
| _____ - 100 = _____ | / 50 = _____ | (round up to a whole number) x | _____ | _____ |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) \$1650

Other (e.g., late filing surcharge): Notice of Appeal (\$540), 3-Month Ext. of Time (\$1110)

SUBMITTED BY

| | | | | |
|-------------------|-------------------------------------------------------------------------------------|--------------------------------------|------------|-----------------------------|
| Signature |  | Registration No. (Attorney/Agent) | L0027 | Telephone (609) 734-8804 |
| Name (Print/Type) | Brian J. Cronan | Date | 3 FEB 2009 | |

This collection of information is required by 37 CFR 1.130. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. The collection is automated to take 30 minutes to complete, including preparing, submitting, and monitoring the complete application form to the USPTO. Fees will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22318-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22318-1450. If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-796-6199) and select option 2.